

County of Gloucester
Human Resources Manual

CHAPTER: SECTION:	3 - CHANGES IN EMPLOYMENT & SEPARATION FROM SERVICE	ADOPTED: 11/21/06
	9 – SEPARATION FROM SERVICE	REVISED: 3/7/12

EXHIBIT F – EMPLOYEE TERMINATION CHECK LIST

• **Department**

Employee Name	
Termination Date	Position
Department	Department Head

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> County ID | <input type="checkbox"/> Tools/Equip | <input type="checkbox"/> Beeper | <input type="checkbox"/> Keys |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Leave Time | <input type="checkbox"/> Uniform | <input type="checkbox"/> Sick Buyback |
| <input type="checkbox"/> Gas Pump Privileges | <input type="checkbox"/> Where applicable, coordinate deactivation of Palm Security | | |
| <input type="checkbox"/> Checklist to IT | <input type="checkbox"/> Checklist to ER (only if applicable) | <input type="checkbox"/> Checklist to HR | |
|
<input type="checkbox"/> Exit Interview Set-Up | | | |

Completed by:	Date:
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- **Human Resources**

Employee Name	Department
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☐ Department Checklist ☐ IT Checklist ☐ ER Checklist (if applicable) ☐ Exit Interview ☐ Workers' Compensation Clearance

Completed by:	Date:
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- **Information and Technology**

<i>This section to be completed by department.</i>	
Employee Name	
Termination Date	Department

<i>This section to be completed by IT.</i>

- | | | |
|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Edmunds | <input type="checkbox"/> Internet | <input type="checkbox"/> Hardware |
| <input type="checkbox"/> E-Mail | <input type="checkbox"/> Network | <input type="checkbox"/> Software |

Completed by:	Date:
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- **Emergency Response**

<i>This section to be completed by department and sent only if applicable.</i>	
Employee Name	
Termination Date	Department

<i>This section to be completed by ER.</i>
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☐ NCIC ☐ ER AS/400 ☐ Other

Completed by:	Date:
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